

L030000 46367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

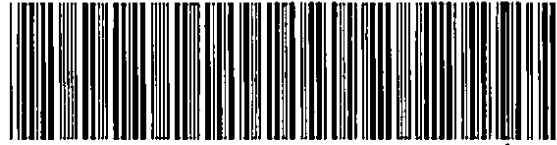
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/1/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Keep Safe Security, LLC

Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Paul McCartan

Contact Person

Keep Safe Security, LLC

Firm/Company

2103 Citron Court,

Address

Clermont, Florida 34714

City, State and Zip Code

pmccartan@cfl.rr.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul McCartan

352 978 6701
at ()

Name of Contact Person

Area Code

Daytime Telephone Number

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

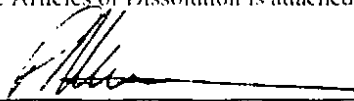
MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

- Keep Safe Security, LLC
1. The name of the company is: _____
- L03000040367
2. The document number of the company is _____
- 07/10/2017
3. The effective date the Dissolution was filed is _____
- 10/20/2017
4. The revocation of dissolution was authorized on _____
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA

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